Division of Corporations Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fex Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number ; (650)876-5368

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REGISTERED AGENT CHANGE BULBTRONICS S.A., INC.

Certificate of Status	Û
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Page Count	03
Estimated Charge	\$35.00

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COVER LETTER

TO;	Amendment S Division of Co	ection orporations			
SUBJECT: BULBTRONICS S.A., INC.					
0024	<u> </u>	Name of	Corporation		
DOC	UMENT NUME	ŒR:F	07000005887		
The ea	nclosed Statemer	nt of Change of Registered Offi	ice/Agent and fee are:	submitted for filing.	
		pondence concerning this matt	•		
•		Céleste (C. McLaren		
	Name of Contact Person				
Bulbronics, Inc.					
Firm/Company					
			nfi Plaza		
		Ac	dress		
		Farmingde	de, NY 11735		
City/State and Zip Code					
em@bulbtronics.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
	Cel	este C, McLaren	at (631)	247-4479	
	Name	of Contact Person	Area Code &	Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Department of State.					
		Malling Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division Clifton B 2661 Exc	ent Section of Corporations	

CR2B045 (\$/05)

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of New York in order to change its registered office or registered agent, or both, in the State of Flurida. 1. The name of the corporation: BULBTRONICS S.A., INC. 2. The principal office address: 45 BANFI PLAZA FARMINGDALE NY 11735 3. The mailing address (if different): P07000005887 11/30/2007 4. Date of incorporation/qualification: Document number.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

•	UNITED CORPORATE SERVICES INC
	9200 SOUTH DADELAND BLVD. SUITE 508
	MIAMI FL 33156 US
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office C T Corporation System

5. The name and street address of the current registered agent and registered office on file with the

Florida Department of State: (If resigned, enter resigned)

c/o C T Corporation System, 1200 South Pine Island Road P.O. Box NOT acceptable Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Bruce R. Thaw, President, CBO Product or typed made and true

ent the appointment as registered agent and agree to act in this capacity. Fee to comply with the provisions of all statutes relative to the proper and complete performance, and I am familiar with and accept the obligation of my postilon as registered agent. Or, if this being filed merely to reflect a change in the registered affice address, I hereby confirm that the has been notified in writing of this change.

By; If signing on

Typed or Presid Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)